

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2		1		1			52			
3		2		1			53			
4		1		1			54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22	1		1				72			
23		1		1			73			
24		2		1			74			
25	1		1				75			
26	1			1			76			
27	2			1			77			
28	1			1			78			
29	1			1			79			
30	1			1			80			
31	1			1			81			
32	1			1			82			
33	1			1			83			
34	1			1			84			
35	1			1			85			
36	1			1			86			
37	1		1				87			
38	1		1				88			
39	1		1				89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			